CITY OF NANAIMO
THE HARBOUR CITY
PARKS, RECREATION AND CULTURE

Please complete this form and bring it on the first day:

Camp Medical Form

If your child is attending more than one camp please ask for photocopies of this form. Medical forms are destroyed at the completion of each camp.

FULL NAME OF CHILD(REN):

(1) _____ BIRTHDATE_______________ SEX: □ M □ F
Year Month Day

(2) _____ BIRTHDATE_______________ SEX: □ M □ F
Year Month Day

FULL NAME OF PARENT(S)/GUARDIAN: 1. _____

2. _____

ADDRESS: 1. _____

ADDRESS: 2. _____

TELEPHONE: HOME: 1. _____ WORK: 1. _____

2. _____ 2. _____

CARECARD #Child (1): _____ FAMILY DOCTOR: _____

CARECARD #Child (2): _____ FAMILY DOCTOR: _____

PERSONS AUTHORIZED TO PICK UP THE CHILD AND/OR CONTACT IN EMERGENCY:	
NAME	**TELEPHONE NUMBER**
1. _____	_____
2. _____	_____
3. _____	_____

Swimming Information:

Last swim level completed? Child #1_____ Child #2:_____

Does your child need to wear a lifejacket? Child #1_____ Child #2:_____

Can your child be unassisted in the deep end? Child #1_____ Child #2:_____

Local media or Department staff may photograph participants for promotional purposes. Do you give permission for your child to appear in the photographs? □ **NO** □ **YES**

Special instructions concerning Care, Medication, Diet, or Custody:
□ **NO** □**YES** (*IF YES, PLEASE ATTACH INSTRUCTIONS)*